

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jul 31 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthwold
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084586 (4)**
1. Corporation Name
MJ'S WEST INDIAN & AMERICAN GROCERY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2181 N. STATE RD. 7 MARGATE FL 33063 US**

Mailing Address: **10801 FOX GLEN DRIVE BOCA RATON FL 33063 MARGATE FL 33063**

3. Date Incorporated or Qualified
11/18/1994

2. Principal Place of Business
21 **SAME SAME**

2a. Mailing Address
26 **2181 N. SRT**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State
28 **Morgate**

24. Zip
25. Country

29 **33063** 30 **Broward**

4. FEI Number
65-0536786

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**JOSEPHS, MAUREEN
10801 FOX GLEN DRIVE
BOCA RATON FL**

10. Name and Address of Registered Agent
81 Name: **Ivolett Bredwood) President**
82 Street Address (P.O. Box Number is Not Acceptable): **4339 N.W. 1st Drive**
83 **Deerfield Beach**
84 **FL** 85 **33442**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	D	President	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPHS, MAUREEN		
STREET ADDRESS	10801 FOX GLEN DRIVE		
CITY-ST-ZIP	BOCA RATON FL		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Ivolett Bredwood P
1.2 NAME	4339 N.W. 1st Drive
1.3 STREET ADDRESS	Deerfield Beach Fl. 33442
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	100002605831
5.2 NAME	-08/03/98--01101--039
5.3 STREET ADDRESS	***150.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

FE 7.31

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

[Signature] **9/74-3794**

CR2E034 (10/97)